

Have you completed this form for a previous or current Dual Credit participant?

Completed form is required for new Dual Credit participants, not for returning student(s).

District Business Office

Please identify the College(s) the Homeschooled Student(s) will attend:

RETURN TO: ACD High School Programs

Email: dst-hspprograms@alamo.edu

San Antonio College St. Philip's College Palo Alto College Northwest Vista College Northeast Lakeview College

Homeschooling Parent Invoice Registration Form

The Parent or Guardian of the Homeschooled Student(s) must complete this form for accurate invoicing.

NAME OF STUDENT	STUDENT'	S BANNER #
NAME OF 2 nd STUDENT	STUDENT'	S BANNER #
NAME OF PARENT		
STREET/P.O.BOX		
CITY		
PARENT PHONE ()	WORK PHONE ()	
PARENT PRIMARY EMAIL	ALTERNATE	EMAIL
STUDENT ALAMO EMAIL	ALTERNATE EMA	IL
ALTERNATE POINT OF CONTACT	PHONE	()
For any questions or concerns regarding billin District Business Office at (210) 485-0352.	g or invoices, please co	ntact the Alamo Colleges

For questions concerning the completion of this form, contact Alamo Colleges District High School Programs Office at dst-hspprograms@alamo.edu.

I certify that the information submitted in this form, all foregoing information and statements made in connection with this Invoice Registration Form are true and correct, to the best of my knowledge.

Signature of Parent or Guardian ____

Date__

Alamo Colleges District use only

VENDOR ID

DATE ENTERED

The District High School Programs Office will send the completed form to Purchasing & Contract Administration for processing.